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FAX TRANSMISSION**OFFICIAL****DATE:** March 12, 2004**PTO IDENTIFIER:** Application Number 10/010942-Conf. #5594
Patent Number**Inventors:** Guraj Basi et al.**MESSAGE TO:** Examiner Christopher J. Nichols
Group Art Unit No. 1647
US Patent and Trademark Office
FAX NUMBER: (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Debra J. Milasincic, Esq.

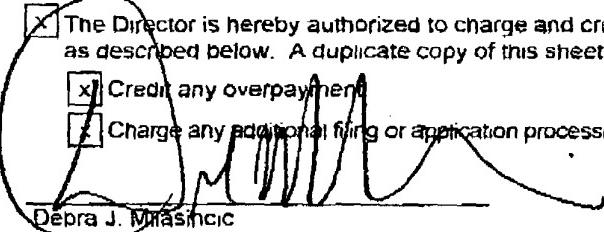
PHONE: (617) 227-7400**Attorney Dkt. #:** ELN-002**PAGES (Including Cover Sheet):** Twenty-Six (26)**CONTENTS:** Amendment Transmittal (1 page),
Fee Transmittal (1 page - in duplicate);
Amendment and Response to Restriction Requirement (20 pages), and
Five-Month Request for Extension of Time (1 page - in duplicate).

The Commissioner is authorized to charge \$2,010.00 to our Deposit Account 12-0080.

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LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 Facsimile: (617) 742-4214

AMENDMENT TRANSMITTAL LETTER				Docket No. ELN-002	
Application No 10/010942-Conf #5594	Filing Date December 6, 2001	Examiner Christopher J. Nichols	Art Unit 1647		
Applicant(s). Gurq Basi et al					
Invention: HUMANIZED ANTIBODIES THAT RECOGNIZE BETA AMYLOID PEPTIDE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
Total Claims	Claims Remaining After Amendment 105	Highest Number Previously Paid - 151 =	Number Extra Claims Present <input checked="" type="checkbox"/>	Rate <input checked="" type="checkbox"/>	0.00
Independent Claims	28	- 31 =	<input checked="" type="checkbox"/>		0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					0.00
Other fee (please specify): Extension for response within fifth month					2010.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2010.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>2010.00</u> . A duplicate copy of this sheet is enclosed <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed <input checked="" type="checkbox"/> Credit any overpayment <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <u>March 12, 2004</u>					
 Debra J. Milasincic Attorney Reg. No : 46,931					
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Facsimile No. (703) 872-9306, on the date shown below Dated: <u>March 12, 2004</u> Signature _____ (Debra J. Milasincic)					

Mar-12-04 14:04

From-LAHIVE & COCKFIELD, LLP.

6177424214

T-197 P.03/26 F-634

PTO/SB/17 (10-03)

Approved for use through 7/31/2008 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

		Complete if Known	
		Application Number	10/010942-Conf #5594
		Filing Date	December 6, 2001
		First Named Inventor	Gung Basi
		Examiner Name	Christopher J. Nichols
		Art Unit	1647
		Attorney Docket No.	ELN-002

TOTAL AMOUNT OF PAYMENT (\$ 2010.00)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None

 Deposit Account:Deposit Account Number **12-0080**Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to (check all that apply)

- Charge fee(s) indicated below Credit any overpayment
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385			Utility filing fee	
1002 340	2002 170			Design filing fee	
1003 530	2003 265			Plant filing fee	
1004 770	2004 385			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1) (\$)		0.00			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Top 10 Claims	Extra Claims	Fee from below	Fee Paid
105	151** =		= 0.00

Independent Claims **28** - 31** = **0.00**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9			Claims in excess of 20	
1201 86	2201 43			Independent claims in excess of 3	
1203 290	2203 145			Multiple dependent claim, if not paid	
1204 86	2204 43			** Reissue independent claims over original patent	
1205 18	2205 8			Reissue claims in excess of 20 over original patent	
SUBTOTAL (2) (\$)		0.00			

*Or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130			Non-English specification	
1812 2,520	1812 2,520			For filing a request for ex parte reexamination	
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action	
1251 110	2251 55			Extension for reply within first month	
1252 420	2252 210			Extension for reply within second month	
1253 850	2253 475			Extension for reply within third month	
1254 1,480	2254 740			Extension for reply within fourth month	
1255 2,010	2255 1,005			Extension for reply within fifth month	
1401 330	2401 165			Notice of Appeal	
1402 330	2402 165			Filing a brief in support of an appeal	
1403 290	2403 145			Request for oral hearing	
1451 1,510	1451 1,510			Petition to institute a public use proceeding	
1452 110	2452 55			Petition to revive - unavoidable	
1453 1,330	2453 665			Petition to revive - unintentional	
1501 1,330	2501 665			Utility issue fee (or reissue)	
1502 480	2502 240			Design issue fee	
1503 840	2503 320			Plant issue fee	
1460 130	1460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180			Submission of Information Disclosure Stmt	
8021 40	8021 40			Recording each patent assignment per property (times number of properties)	
1809 770	2809 385			Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385			For each additional invention to be examined (37 CFR 1.129(p))	
1801 770	2801 385			Request for Continued Examination (RCE)	
1802 900	1802 900			Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)			
		2010.00			

(Complete if applicable)					
Name (Print/Type)	Debra J. Milasincic	Registration No. (Attorney/Agent)	46,931	Telephone	(617) 227-7400
Signature				Date	March 12, 2004

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Dated: March 12, 2004

Signature

(Debra J. Milasincic)

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PTO/SB/17 (10-03)

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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 2010.00)

Complete If Known

Application Number	10/010942-Conf. #5594
Filing Date	December 6, 2001
First Named Inventor	Gung Basi
Examiner Name	Christopher J. Nichols
Art Unit	1647
Attorney Docket No.	ELN-002

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number: 12-0080

Deposit Account Name: Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayments of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEES CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
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Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	2010.00

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independent Claims	28	-31** =	= 0.00

Large Entity	Small Entity	Fee Description
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1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater. For Reissues, see above.

Submitted By	(Complete if applicable)		
Name (Print/Type) Debra J. Milasincic	Registration No (Attorney/Agent) 46,931	Telephone (617) 227-7400	Date March 12, 2004
Signature			

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T-197 P 05/26 F-634

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 12 2004

OFFICIAL

In re the application of: G. Basi *et al.*

Serial No.: 10/010,942

Filed: December 6, 2001

For: *HUMANIZED ANTIBODIES THAT
RECOGNIZE BETA AMYLOID
PROTEIN*

Attorney Docket No.: ELN-002

Group Art Unit: 1647

Examiner: Christopher J. Nichols

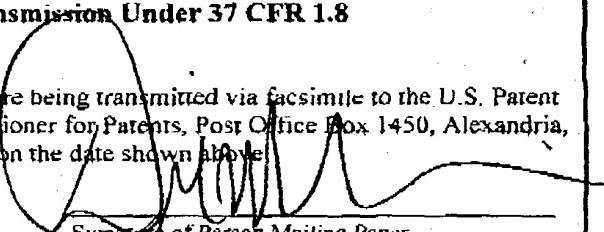
Commissioner for Patents
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Certificate of Transmission Under 37 CFR 1.8

Date of Deposit: March 12, 2004

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Debra J. Milasincic, Esq.
Name of Person Mailing Paper


Signature of Person Mailing Paper

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

This is in response to an Office Action dated September 24, 2003. A separate petition for the appropriate extension of time in which to respond is being filed concurrently herewith.

Prior to examination, please amend the above-referenced application as follows: